

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023866

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No.

Registrar's No. 61

FILED JUN 26 1963

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cooper Township</b>		c. CITY OR TOWN <b>Darlington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N.W. of Darlington</b>		d. STREET ADDRESS (If outside, give location) <b>lifetime</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CLARENCE ALBERT ROSS</b>		4. DATE OF DEATH Month Day Year <b>June 19, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/4/1933</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>handyman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general labor</b>	
11a. FATHER'S NAME <b>Luther Ross</b>		11b. MOTHER'S MAIDEN NAME <b>Georgia Chapman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Mr. Luther Ross</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Darlington, Mo.</b>		COUNTY <b>Gentry</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Miss. L. W. Bare, Registrar Gentry Co.</b>		22b. ADDRESS <b>Albany, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>June 21, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Long Branch</b>		23d. LOCATION (City, town, or county) (State) <b>Gentry County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Brooks-Cochell Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6-19-'63</b>	
26. REGISTRAR'S SIGNATURE <b>Miss. L. W. Bare</b>		27. DATE SIGNED <b>6-19-'63</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.